
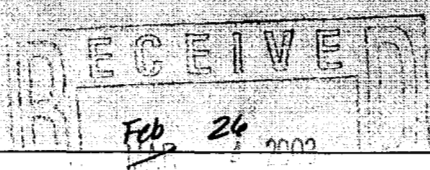


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 03 - 03	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 1, 2003	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY \$ -0- b. FFY \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT	
10. SUBJECT OF AMENDMENT: Amendment 638 deletes an eligibility group of low-income Medicare beneficiaries, called Qualifying Individuals - 2 (QI-2). Federal Authority and funding ended December 31, 2002.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jason Cooke State Medicaid/CHIP Director Post Office Box 13247 Austin, Texas 78711	
13. TYPED NAME: Jason Cooke			
14. TITLE: State Medicaid/CHIP Director			
15. DATE SUBMITTED: February 25, 2003			

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 26 FEBRUARY 2003	18. DATE APPROVED: 11 MARCH 2003
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH
23. REMARKS: <div style="text-align: center;">  </div>	



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health, Region VI

1301 Young Street, Room 833
Dallas, Texas 75202
Phone (214) 767-6495
Fax (214) 767-0322

March 11, 2003

Our Reference: **SPA-TX-03-03**

Mr. Jason Cooke
State Medicaid Director
Texas Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711

Dear Mr. Cooke:

We have enclosed a copy of HCFA-179, **Transmittal Number 03-03**, dated February 25, 2003. This amendment deletes an eligibility group of low-income Medicare beneficiaries known as Qualifying Individuals 2 (QI-2). Federal authority and funding for the QI-2 group ended on December 31, 2002. We have approved the amendment for incorporation into the official Texas State Plan **effective January 1, 2003**. If you have any questions, please call Joe Reeder at (214) 767- 4419.

Sincerely,

Andrew Fredrickson
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures



Attachment to Blocks 8 & 9 HCFA Form 179

Transmittal No. TN 03-03, Amendment No. 638

Number of the
Plan Section or Amendment

Basic Plan

Page 21-continued
Page 29a
Page 29b

Number of the Superseded
Plan Section or Attachment

Basic Plan

Page 21-continued (TN 98-03)
Page 29a (TN 98-03)
Page 29b (TN 02-08)

Enclosure 3 continued

21--continued

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

1925 of the Act

(a) (5) Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

SUPERSEDES: TN- 98-03

STATE <u>Texas</u>	A
DATE RECD <u>2-26-03</u>	
DATE APPVD <u>3-11-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>03-03</u>	

TN No. 03-03

Supersedes

Approval Date 11 March 2003

Effective Date 1 January 2003

TN No. 98-03

Enclosure 3 continued

29a

Revision: HCFA-PM-97-3
December 1997

(CMSO)

State: Texas

Citation

1902 (a) (10) (E) (ii)
and 1905(s) of the Act

(ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2 -A of this plan.

1902 (a) (10) (E) (iii)
and 1905(p) (3) (A) (ii)
of the Act

(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902 (a) (10) (E) (iv) (I),
1905 (p) (3) (A) (ii), and
1933 of the Act

(iv) Qualifying Individual -1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a) (10) (E) (iv) (I) and subject to 1933 of the Act.

SUPERSEDES: TN- 98-03

STATE	<u>Texas</u>	A
DATE REC'D	<u>2-26-03</u>	
DATE APP'D	<u>3-11-03</u>	
DATE EFF	<u>1-1-03</u>	
HCFA 179	<u>0303</u>	

TN. No. 03-03
Supersedes
TN No. 98-03

Approval Date 11 March 2003

Effective Date 1 January 2003

Enclosure 3 continued

29b

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Texas

Citation

1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(v) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

____ All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

____ Individuals receiving title II or Railroad Retirement benefits.

_____*

____ XX Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

____ XX The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

* _____ All of the individuals except:

Institutionalized individuals whose Medicaid eligibility is determined under the special income limit and who are not eligible for the QMB or SLMB programs. NOTE: State supplements are not applicable.

STATE	<u>Texas</u>
DATE REC'D	<u>2-26-03</u>
DATE APP'D	<u>3-11-03</u>
DATE EFF	<u>1-1-03</u>
HCFA 179	<u>03-03</u>

A

SUPERSEDES: TN- 02-08